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APPLICANTS

Francis Crawford JR., Honolulu, HI;

TV
 ** CONTINUING DATA ***** *N/A* *****

TV
 ** FOREIGN APPLICATIONS ***** *N/A* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY HI	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

34356
 ASHKAN NAJAFI, P.A.
 6817 SOUTHPOINT PARKWAY
 SUITE 2301
 JACKSONVILLE , FL
 32216

TITLE

Ergonomic vehicle control system

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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